

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">107092512</div>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						61				
2		/					62				
3		/					63				
4		/					64				
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49											
50											
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	28						TOTAL DEP.				
TOTAL CLAIMS	32						TOTAL CLAIMS				

PTO 1340 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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